

AUG 20 1997

Matthew R. Shay, Treasurer
International Franchise Association
Franchising Political Action Committee
1350 New York Avenue NW, Suite 900
Washington, DC 20005

Identification Number:

C00084491

Reference:

July Quarterly Report (4/1/96-6/30/96)

Dear Mr. Shay:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide a Schedule A to support the entry disclosed on Line 11(a)(i) of the Detailed Summary Page. All contributions from individuals/persons other than political committees aggregating in excess of \$200 per year must be itemized on Schedule A. 11 CFR §104.3(a)(2)

-Schedule A of your report (pertinent portions attached) discloses an apparent contribution(s) from a corporation(s). 2 U.S.C. §441b(a)) prohibits the receipt of contributions from corporations unless made from a separate segregated fund established by the corporation.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a corporate contribution(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Jennifer K. Wall

Reports Analyst

Reports Analysis Division

Jennifer K. Wall

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SCHEDULE	4

ITEMIZED RECEIPTS

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Detailed Surmary Page FOR LINE NUMBER Any information copied from such Peports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit committee, and state of some property of the committee. NAME OF COMMITTER (In Full) Franchise Political Action Committee (Fran-PAC) A. Full Name, Mailing Address and 39F Code Cade (trapelle, Name of Employee Amount of Each day, year) Receipt this Parled Carl Zwisler 1201 New York Ave.. NW 4/15/96 \$2L0.00 Washington, DC 20005 Cocupation Garrensi Primary Appreciate Year-to-Date x Other (specify) contribution Amount of Each B. Full Name, Making Address and ZIP Code Name of Employer Date (month, day, year) Receipt this Period Lawn :Doctor P.O. Box 401 4/15/96 \$440.00 Holmdel, NJ 07733 Occupation Primery General Receipt For: Aggregate Year-to-Date mar(specty): contribution from PAC Heres of Employer Date (month, Amount of Each C. Full Name, Multing Address and ZIP Code Receipt this Period day, year) Sir Speady, Inc. 4/15/96 \$1,575.00 26722 Plaza Drive Mission Viejo, CA Occupation Primary Receipt For: Approprie Year-In-Dean R Other (special) contribution from PAC Name of Employed Cala (moral). Amount of Each D. Full Name, Making Address and ZIP Code Placeip: this Period day, yeşali Оосиревал General Receipt For: Primary Адриорам Терг-10-Син Other (specify): Amount of Each Date (month, E. Suil Heme, Welling Address and EIP Code Name of Employee Receipt this Partod dey, year) Occupation Primary Receipt For: Appropria Year to Date :> \$ Other (specify): Amount of Each F. Full Name, Making Address and ZIP Code Date (mentic Name of Employer Receipt this Period day, year) Cocupation Primary General Receipt For: Aggregate Year-to-Date 🐎 🕸 Other (epacity): Name of Employer Date (month). Ampund of Each G. Full Name, Malling Address and ESF Code Receipt this Portod day, year) Occupation Primary General Receipt For: Aggregate Year-to-Date Other (apacity): SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)